



**DR. MARTIN LUTHER KING, JR.
INDIANA HOLIDAY COMMISSION**

Indiana Government Center North
100 North Senate Avenue, Room N103
Indianapolis, Indiana 46204

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Hearing Impaired: (800) 743-3333 <http://www.IN.gov/icrc/mlkjr/mlkjr.html>

GOVERNOR FRANK O'BANNON
Honorable Tanya Walton-Pratt, Chair
Myra Wilson, Ph. D., Secretary

TELL US WHAT YOU DID!

**KING DAY OF SERVICE PROJECT ACTIVITY
REPORT FORM**

Thank you for being part of the Dr. Martin Luther King, Jr. Indiana Holiday Commission's Day of Service. Please complete and return this form at the conclusion of your King Day of Service project. By submitting this form, your activities will be included in a report of Indiana's Day of Service activities to be submitted to Governor Frank O'Bannon, The Corporation of National Service and the King Center in Atlanta, Georgia.

Check One: Volunteer ☐ Agency ☐ Other ☐

Please fill out a form for each King Day of Service project. Please reply by January 31, 2002.

Name: _____ **Title:** _____

Agency/Organization: _____

Other: _____

Address: _____

Tele: () _____ **Business Tele:** () _____ **Fax:** () _____

E-Mail Address: _____ **Other:** _____

Please give a brief description of the King Day of Service project(s).

Location of project site: *(List name, address, city/state/zip, telephone, project site coordinator)*

Is this an on-going service project?

Yes

☐

No

☐

If the answer is yes, please update this form every six (6) months and send to the Dr. Martin Luther King, Jr. Indiana Holiday Commission c/o Indiana Civil Rights Commission 100 North Senate Avenue, Room N103, Indianapolis, Indiana 46204

How many volunteers were used to complete the King Day of Service project? _____

How many volunteer hours were given to the project site? _____ hr(s)

Signature: _____ **Title:** _____ **Tele:** _____

**Mail to: KING DAY OF SERVICE PROJECT ACTIVITY REPORT FORM Attn: Dennis Jones
Indiana Civil Rights Commission, 100 North Senate Avenue, N103, Indianapolis, Indiana 46204**